



Health Alliance Plan Cardiology and Radiology Code List

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CARDIAC IMPLANTABLES	33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33212	Insertion of pacemaker pulse generator only; with existing single lead	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33213	Insertion of pacemaker pulse generator only; with existing dual leads	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new generator)	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33221	Insertion of pacemaker pulse generator only; with existing multiple leads	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CARDIAC IMPLANTABLES	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC IMPLANTABLES	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70336	MRI temporomandibular joint	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70450	CT of the head or brain without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70460	CT of the head or brain with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70470	CT of the head or brain without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70480	CT orbit , sella, posterior fossa outer, middle or inner ear without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70481	CT orbit , sella, posterior fossa outer, middle or inner ear with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70482	CT orbit , sella, posterior fossa outer, middle or inner ear with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CT SCANS	70486	CT maxillofacial area including paranasal sinuses without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70487	CT maxillofacial area including paranasal sinuses with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70488	CT maxillofacial area including paranasal sinuses without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70490	CT soft tissue neck without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70491	CT soft tissue neck with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70492	CT soft tissue neck without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70496	CTA of the head	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	70498	CTA of the carotid and vertebral arteries	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70540	MRI orbit, face, neck without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70542	MRI orbit, face, neck with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70543	MRI orbit, face, neck with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70544	MRA or MRV of the brain without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70545	MRA or MRV of the brain with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70546	MRA or MRV of the brain without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70547	MRA or MRV carotid and vertebral arteries without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	70548	MRA or MRV carotid and vertebral arteries with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
MRA	70549	MRA or MRV carotid and vertebral arteries without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70551	MRI of the brain without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70552	MRI head with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70553	MRI head with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70554	Functional MRI of the brain without physician or psychologist	PA Medical Necessity Review	PA Medical Necessity Review
MRI	70555	Functional MRI of the brain without physician or psychologist	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71250	Computed tomography, thorax, diagnostic; without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	PA Medical Necessity Review	PA Medical Necessity Review
CT	71271	Computed tomography, breast, including 3d rendering, when performed, bilateral; without contrast, followed by contrast material(s)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71275	CTA chest	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71550	MRI of the chest without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71551	MRI of the chest with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	71552	MRI of the chest with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	71555	MRA or MRV chest without or with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72125	CT cervical spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CT SCANS	72126	CT cervical spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72127	CT cervical spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72128	CT cervical spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72129	CT of the thoracic spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72130	CT of the thoracic spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72131	CT of the lumbar spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72132	CT of the lumbar spine with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72133	CT of the lumbar spine without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72141	MRI cervical spine without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72142	MRI of the cervical spine with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72146	MRI thoracic spine without contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72147	MRI thoracic spine with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72148	MRI lumbar spine without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72149	MRI lumbar spine with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72156	MRI of the cervical spine with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72157	MRI thoracic spine with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	72158	MRI lumbar spine with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72191	CTA of the pelvis	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72192	CT of the pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72193	CT of the pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	72194	CT of the pelvis without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72195	MRI of the pelvis without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72196	MRI of the pelvis with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	72197	MRI of the pelvis with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	72198	MRA or MRV of the pelvis without or with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73200	CT of the upper extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73201	CT of the upper extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73202	CT of the upper extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73206	CTA of the upper extremity	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73218	MRI upper extremity other than joint including hand without contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73219	MRI upper extremity other than joint including hand with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73220	MRI upper extremity other than joint including hand without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	73221	MRI upper extremity joint without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73222	MRI upper extremity joint with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73223	MRI upper extremity joint with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73225	MRA of the upper extremity	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73700	CT lower extremity without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73701	CT lower extremity with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73702	CT lower extremity without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	73706	CTA of the lower extremity	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73718	MRI lower extremity other than joints without contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73719	MRI lower extremity other than joints with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73720	MRI lower extremity other than joints without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73721	MRI lower extremity joint without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73722	MRI lower extremity joint with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	73723	MRI lower extremity joint with and without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	73725	MRA of the lower extremity	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74150	CT abdomen without contrast	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CT SCANS	74160	CT abdomen with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74170	CT abdomen with and without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74174	CTA of the abdomen and pelvis with contrast material(s), including noncontrast images, if performed, and image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74175	CTA of the abdomen	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74176	CT abdomen and pelvis without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74177	CT abdomen and pelvis with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74178	CT abdomen one or both body regions without and with contrast	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74181	MRI of the abdomen without gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74182	MRI of the abdomen with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74183	MRI of the abdomen without and with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
MRA	74185	MRA of the abdomen without or with gadolinium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74261	Virtual colonoscopy diagnostic without contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74262	Virtual colonoscopy diagnostic with contrast	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	74263	Virtual colonoscopy diagnostic screening including image postprocessing	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74712	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	PA Medical Necessity Review	PA Medical Necessity Review
MRI	74713	Magnetic resonance (e.g. proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
MRI	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	PA Medical Necessity Review	PA Medical Necessity Review
MRI	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	75635	CTA of the abdominal aorta and bilateral iliofemoral lower extremity runoff	PA Medical Necessity Review	PA Medical Necessity Review
3DI	76376	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	PA Medical Necessity Review	PA Medical Necessity Review
3DI	76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	PA Medical Necessity Review	PA Medical Necessity Review
CT SCANS	76380	CT limited or localized follow-up study	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76390	MR spectroscopy	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76391	Magnetic resonance (eg, vibration) elastography	PA Medical Necessity Review	PA Medical Necessity Review
MRI	76497	Unlisted computed tomography procedure	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
MR	77021	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	PA Medical Necessity Review	PA Medical Necessity Review
MRI	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	PA Medical Necessity Review	PA Medical Necessity Review
BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	77084	MRI, bone marrow blood supply	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78013	Thyroid imaging (including vascular flow, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78015	Thyroid carcinoma metastases imaging limited area	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78016	Thyroid carcinoma metastases imaging with additional studies	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78018	Thyroid carcinoma metastases imaging whole body	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78020	Thyroid carcinoma metastases uptake (add on code)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78070	Parathyroid planar imaging (including subtraction, when performed)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	PA Medical Necessity Review	PA Medical Necessity Review

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Nuclear Medicine	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78075	Adrenal nuclear imaging cortex and/or medulla	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78102	Bone marrow imaging, limited	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78103	Bone marrow imaging, multiple	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78104	Bone marrow imaging, whole body	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78185	Spleen imaging with or without vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78195	Lymph system imaging (lymphoscintigraphy)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78201	Liver imaging static	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78202	Liver imaging with vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78215	Liver and spleen imaging static	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78216	Liver and spleen imaging with vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78226	Hepatobiliary system imaging, including gallbladder when present	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78230	Salivary gland nuclear imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78231	Salivary gland nuclear imaging with serial imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78232	Salivary gland function study	PA Medical Necessity Review	PA Medical Necessity Review

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Nuclear Medicine	78258	Esophagus motility study	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78261	Gastric mucosa imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78262	Gastroesophageal reflux study	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78264	Gastric emptying imaging study	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78265	Gastric emptying imaging study (e.g. solid, liquid, both); with small bowel transit	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78266	Gastric emptying imaging study (e.g. solid, liquid, both); with small bowel transit, multiple days	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78278	GI bleeding scintigraphy	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78290	Intestinal imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78291	Peritoneal- venous shunt patency	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78300	Nuclear bone scan limited	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78305	Nuclear bone scan multiple areas	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78306	Nuclear bone scan whole body	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78315	Bone scan three phase	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78428	Cardiac shunt detection	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	PA Medical Necessity Review	PA Medical Necessity Review
CPET	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78445	Non-cardiac vascular flow imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78457	Venous thrombosis imaging unilateral	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78458	Venous thrombosis imaging bilateral	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	PA Medical Necessity Review	PA Medical Necessity Review
PET	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review
PET	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78579	Pulmonary ventilation (eg, aerosol or gas) imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78580	Pulmonary perfusion imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78597	Quantitative differential pulmonary perfusion, including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78600	Brain scintigraphy static limited	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Nuclear Medicine	78601	Brain scintigraphy limited with vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78605	Brain scintigraphy complete static	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78606	Brain scintigraphy complete with vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78608	Brain PET metabolic	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78610	Brain imaging vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78630	Cisternogram	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78635	Cerebrospinal ventriculography	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78645	Shunt evaluation	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78650	CSF leakage detection	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78660	Radiopharmaceutical dacryocystorgraphy	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78700	Kidney imaging (nuclear) static	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78701	Kidney imaging (nuclear) with vascular flow	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78707	Kidney flow and function, single study without pharmacologic intervention	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78708	Kidney imaging with vascular flow and function with pharmacological intervention, single	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78709	Kidney imaging w/ vascular flow and function with and without pharmacological intervention, multiple	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78730	Urinary bladder residual study	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Nuclear Medicine	78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78761	Testicular scan- vascular flow and delayed images	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78811	PET limited area	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78812	PET skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78813	PET whole body	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78814	PET/CT limited area	PA Medical Necessity Review	PA Medical Necessity Review
PET Scans	78815	PET/CT skull base to mid-thigh	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78816	PET/CT whole body	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Nuclear Medicine	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
Nuclear Medicine	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC CATH	93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	PA Medical Necessity Review	PA Medical Necessity Review
Cardiac Cath	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	PA Medical Necessity Review	PA Medical Necessity Review
CARDIAC CATH	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED, CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY, FREE ARTERIAL, VENOUS GRAFTS) WITH BYPASS GRAFT ANGIOGRAPHY	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Cardiac Implantables	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	PA Medical Necessity Review	PA Medical Necessity Review

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